

SAN DIEGO PHYSICIAN



Official Publication of SDCMS JUNE 2022

**Champions
for Health
Annual
Report for
Fiscal Year
2020-2021**

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JUNE
Contents

VOLUME 109, NUMBER 6

Features

4

Champions for Health
Annual Report For Fiscal
Year 2020–2021
By Adama Dyoniziak

12

Caring for Dementia Means
Caring for the Caregiver
By Lisa Heikoff, MD

16

Teaching Patients to Care for
Body and Brain
By Barbara Mandel, MBA

Departments

2

Briefly Noted: Financial
Assistance • Medical Board •
Public Health

18

Large Share of Alzheimer's,
Dementia Cases Tied to 8
Modifiable Risk Factors
By Judy George

19

Do COVID Vaccines Stave Off New
Medical Conditions?
By Molly Walker

20

Urologists Are Helping Combat the
Opioid Epidemic, Studies Suggest
By Mike Bassett

21

Classifieds

FINANCIAL ASSISTANCE

AMA says a 'Staggering' 16K Providers Missed First Provider Relief Fund Reporting Deadline

THE AMERICAN MEDICAL ASSOCIATION

(AMA) is urging the U.S. Department of Health and Human Services (HHS) to allow more time for physicians who accepted federal COVID-19 relief funds to meet the Period 1 Provider Relief Fund reporting requirements. Although the HHS Health Resources and Services Administration (HRSA) did briefly reopen the reporting portal last month, approximately 16,000 providers still missed the deadline.

Providers who received one or more payments exceeding \$10,000, in the aggregate, during a "payment received period" are required to report in each applicable "reporting time period." But many physician practices were unaware of the need to report, or were unable to complete the required reporting, due to the impact of the pandemic.

AMA believes non-reporters are primarily small and rural providers who are overwhelmed and have not received sufficient communications about the reporting requirements.

"The volume of physician practices that were unaware of the reporting deadline is staggering," AMA wrote in a letter to HRSA Administrator Carole Johnson. "We urge HRSA to release data about these physicians so we can launch a full-court communications press to reach them. This would also necessitate more time — at least two additional weeks — to submit a request to report late. At a minimum, HRSA should establish an appeal process for those physicians who will now receive a demand letter for repayment of Provider Relief Funds." **SDP**

By California Medical Association



MEDICAL BOARD

Medical Board Eliminates Plastic Physician Licenses

THE MEDICAL BOARD OF CALIFORNIA

recently phased out plastic medical license cards. In lieu of the old plastic cards, physicians can now use the medical board's new "Print Your Own" Wallet License Generator that allows individuals with current licenses to generate a digital license and print it on any printer or house the card electronically.

In order to generate a license, the medical board first requires identity verification through its license verification app, IDEAL. These printable wallet licenses also include a QR code interested parties can use to view the Department of Consumer Affairs licensee lookup with real-time license status information.

To generate your license, visit mbc.ca.gov/WalletCard. **SDP**



PUBLIC HEALTH

CDPH Calls on Physicians to Increase Gonorrhea Testing in California

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) IS URGING healthcare providers to expand testing for gonorrhea and disseminated gonococcal infection (DGI) following a surge of new infections over the past few years. DGI is a sometimes-fatal complication of gonorrhea that presents with pain and swelling of joints, arthralgias, and petechial or pustular rash.

CDPH suspects the increase in cases is due to a decrease in STD screening, testing, and treatment during the COVID-19 pandemic. In 2020, CDPH reported a roughly doubling of DGI cases versus the previous year. In 2021, those cases continued to increase and included four deaths that were likely attributed to DGI. Most DGI cases in California have occurred among adults aged 30–50 years old (which is an age group not typically screened for gonorrhea). CDPH also reports a disproportional number of DGI infections among Hispanic/Latinx individuals, which make up the largest ethnic group in California.

CDPH is recommending the following to healthcare providers in all settings:

- | | | |
|--|--|---|
| <p>1</p> <p>Increased testing for gonorrhea for all sexually active individuals who use illicit drugs (especially methamphetamine) at all possible exposure sites (urogenital, pharyngeal, and rectal).</p> | <p>2</p> <p>Regardless of known exposure, test for gonorrhea in all sexually active patients who experience signs of symptoms consistent with DGI, as well as performing a culture of blood and sites of localized infection.</p> | <p>3</p> <p>High-risk individuals (sexually active females under the age of 25, pregnant patients, men who have sex with men, HIV patients, and those who are immunocompromised) should continue to be routinely screened for gonorrhea and other sexually transmitted diseases.</p> |
|--|--|---|

Healthcare providers should report all suspected, probable, or confirmed cases of DGI to their local health department within one business day. **SDP**



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Champions for Health Annual Report for Fiscal Year *2020–2021*

Champions for Health is dedicated to providing access to critically needed healthcare for uninsured low-income residents of San Diego County who would otherwise face insurmountable barriers to care. We recruit, mobilize, and support hundreds of volunteer physicians and other professionals to provide free preventive and specialty healthcare.

Dear Friends,

Health has taken on a greater meaning than just healthcare. Our annual report covers the time period in the middle of the COVID-19 pandemic. Our community wellness services, specifically COVID and flu vaccinations, were in full swing, with many collaborations and partnerships emerging and strengthening as we all fought the uphill battle together. We provided prevention and specialty care services where San Diegans live, work, play, and pray. We have been blessed with a growing number of Champions working with us to improve the health of our community. Champions for Health is grateful to our dedicated physician volunteers and healthcare partners. The many thousands of San Diegans who have benefitted from your time, skill, and expertise are thankful for their transformed health and life. Thank you for going to wellness and beyond, thereby making San Diego the healthiest place to live!

With much appreciation,

Adama Dyoniziak, Executive Director
Champions for Health Board of Directors and Staff



Volunteers



Champions for Health's vision is to serve San Diegans by removing insurance, transportation, language, and technology as barriers to accessing preventive and specialty care. Our diverse physician and healthcare volunteers go beyond wellness with their compassion and energy to transform health and wellbeing in our communities. Our numerous CFH volunteers — whether they're just beginning their careers as students in medicine, pharmacy, and nursing or are seasoned medical and healthcare professionals — eagerly help San Diegans by administering vaccines, providing health screenings, educating about health topics, and providing primary and specialty care services. Our volunteers are the barrier removers, making access to care within reach for everyone. All of you — our volunteers, sponsors, friends, and supporters — are integral to Champions for Health succeeding at our mission!

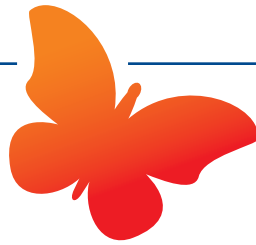
PASD PHYSICIANS **215**
PASD SPECIALTY AREAS **23**
HOSPITALS **6**

OUTPATIENT SURGERY CENTERS **8**
ANCILLARY PARTNERS **80**
MEDICAL INTERPRETERS **160**
SPEAKER'S BUREAU PRESENTERS **415**

SPEAKER'S BUREAU PRESENTATIONS **165**
SAN DIEGANS EDUCATED **3,580**
COVID-19 VAX DOSES **30,944**

COVID POD SITES **1,013**
HOMEBOUND COVID VAX **478**
FLU VACCINES **5,784**
FLU SITES **58**

Community Wellness



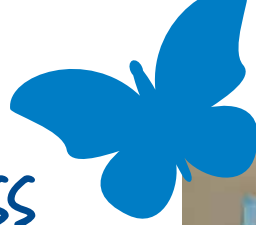
We addressed the health needs of low-income, uninsured, and under-immunized populations within San Diego County by providing free COVID and flu vaccinations in tandem, in health-equity-priority zip codes. COVID-19 vaccine distribution is vital in mitigating the disproportionate impacts of the virus for people of color and preventing widening racial health disparities in the future. Barriers to vaccination that disproportionately affect people of color include language, finding and making appointments, and lack of technology and transportation. Our community partners conducted outreach and promotion to their local customers, patients, consumers, and neighbors about CFH outdoor vaccination events in their neighborhoods. CFH staff, the immunization team, and volunteers handled all the logistics of vaccine transport, administration, and education.

Eighty-two percent of all vaccination locations were in health-equity-priority zip codes (the statewide recommendation is 40%.) We concentrated on skilled nursing facilities, senior and low income housing and service centers, K-18 schools, businesses, farms, faith-based organizations, CBOs, free clinics, hotels, parks, small medical practices, and community centers.

CFH is part of a unique private-public partnership to eliminate tuberculosis called Collaboration for Action to achieve Results toward the Elimination of TB (CARE TB San Diego). CARE TB's goal is to provide immediate and convenient opportunities for Filipino and Vietnamese individuals to receive TB education at CFH COVID/flu vaccine clinics in high-risk TB areas. Appropriate TB testing for those at risk was provided, as well as an exam and treatment to those testing positive. Four TB education posters in English, Tagalog, and Vietnamese were reviewed in a survey of 175 community members. Results from this survey were used to shape TB educational materials. TB risk assessments were conducted using the TB Risk Assessment and were implemented by Filipino and Vietnamese community members.



Project Access San Diego



Project Access provides a referral pathway to specialty care services for uninsured people at or beyond 250% of federal poverty level, who are not eligible for Medicaid, Medicare, and cannot afford insurance. We arrange elective, medically necessary outpatient procedures by leveraging donated care. Project Access staff screen clients for eligibility, match patients with specialists, navigate patients through all appointments and surgeries, coordinate all communication between the PCP and specialist offices, provide interpreters, transportation, medicines, tests, and DMEs. All of this is free to our Project Access patients!

2020–2021:

439 PASD PATIENTS

60 PROCEDURES/SURGERIES

847 SPECIALTY APPOINTMENTS

\$820,238 IN DONATED SPECIALTY CARE

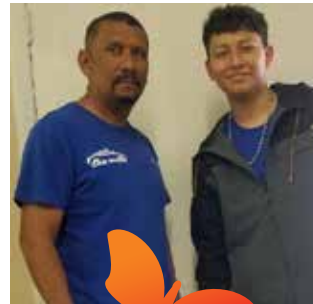
Since 2008:

6,939 PASD PATIENTS

1,042 PROCEDURES/SURGERIES

20,443 SPECIALTY APPOINTMENTS

\$24,885,067 IN DONATED SPECIALTY CARE



Our Project Access Partners

Alcon
Alliance Retina Consultants
ASMG
Balboa Nephrology
cCare California Cancer Associates
ChEARS
Coastal Gastroenterology – Genesis
Healthcare Partner
Coastal Pain & Spinal Diagnostics Medical Group, Inc.
Coastal Skin & Eye Institute
Coastal Surgical Medical Group
Core Orthopaedic Medical Group
County of San Diego HHSA
Davies Eye Center
Eye & Retina Institute of San Diego
Eye Care of San Diego
Eye Institute of California
Family Allergy, Asthma, Immunology and Sinus Center

Family Health Centers of San Diego
Gastroenterology & Liver Institute
Greider Eye Associates
Grossmont Dermatology
Hanger Prosthetics & Orthotics
Hearwell Aid Center
IGO Medical Group
Imaging Health Care Specialists
La Jolla Neurosurgical Associates
La Mesa Cardiac Center
Lions Vision Clinic
Neighborhood Healthcare
North Coast Surgery Center
North County Ear, Nose & Throat, Head & Neck Surgery
Pacific Coast Surgical Group
Palomar Health Medical Group
Retina Consultants of San Diego
San Diego Cardiac Center
San Diego Cardiovascular Associates

San Diego ENT
San Diego Endoscopy Center
San Diego Family Dermatology
San Diego Hand Specialist
San Diego Podiatry Group
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Spine and Sport Physical Therapy
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St. Leo's Medical Program Clinic
Tri City Medical Center
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Vision Care and Correction of San Diego
Vista Community Clinic
Volunteers in Medicine



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Dr. Christy Cotner



Dr. Roneet Lev

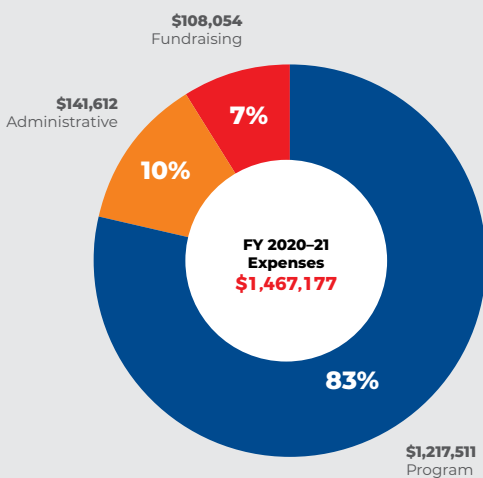
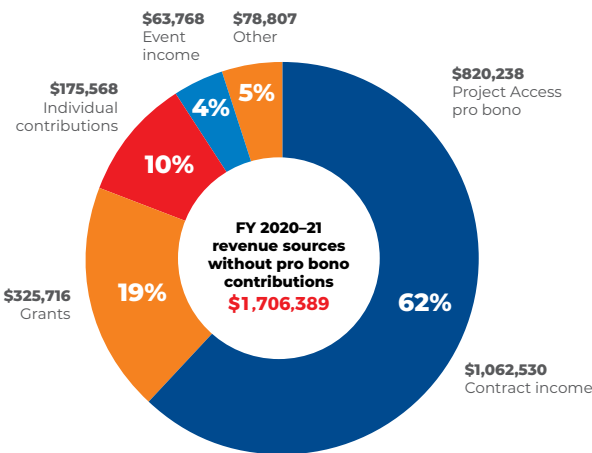
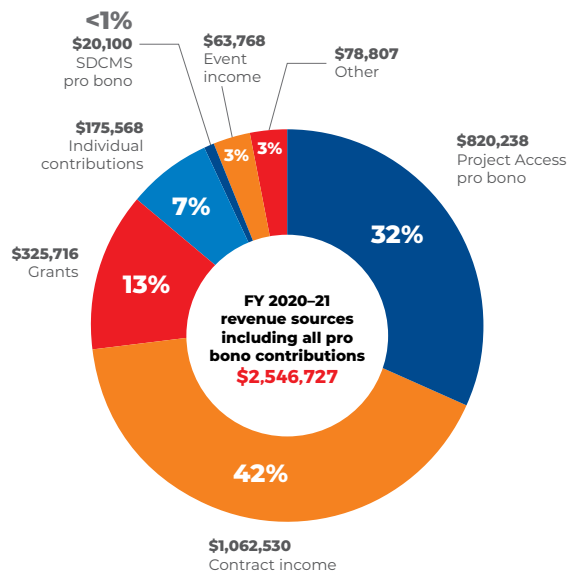
Physician Support

Champions for Health is grateful to San Diego physicians for their support to wellness and beyond. We support physicians through linkages to professional development. We have partnered with the County of San Diego HHSA on an Academic Detailing project for licensed prescribers of opioids. CFH and the San Diego Prescription Drug Abuse Task Force (PDATF) worked together to recruit a team of knowledgeable licensed prescribers. Together, this team of local pain management specialists developed professional education modules with the most current, innovative tools and methods in pain management prescribing. These modules include: (1) Eliminating Stigma through Clinical Understanding, (2) Alternatives to Opioids for Pain, (3) Safe Prescribing of Opioids and CNS Depressants, (4) Recognition, Diagnosis, and Treatment of Substance Use Disorder. In August 2021, Dr. Roneet Lev, committee chair, presented an abridged version of the modules at the San Diego Academy of Family Physicians conference to 162 primary care physicians. The team also developed a custom academic detailing booklet based on the content in our existing modules after a training in motivational interviewing.

Another project, the Healthy Brain Initiative, focuses on expanding the knowledge and expertise of primary care providers to screen, evaluate, diagnose, and provide care management for individuals with cognitive decline and dementia. The Clinical Roundtable provides best-practice content through the publication of Clinical Guidelines, website content, a mobile application, grand rounds, conferences, and on-demand CME webinars. The third updated edition of the Clinical Guidelines was published along with Healthy Brain Tools and exam room posters in five languages for PCPs to use with patients. Six on-demand CME webinars were updated, and a new live and on-demand webinar on Aducanumab was created.

-
- 4** ACADEMIC DETAILERS TRAINED
 - 4** MODULES ON INNOVATIONS IN OPIOID PRESCRIBING DEVELOPED
 - 162** PCPS TRAINED ON INNOVATIONS
 - 871** PATIENT DEMENTIA SCREENINGS AND EVALUATIONS
 - 486** DEMENTIA CARE PLANNING SESSIONS
 - 417** CAREGIVERS RECEIVED EDUCATION AND SUPPORT

Financial Highlights



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- Crestwood Behavioral Health Center
- Cuyamaca College
- Downtown IMPACT
- Dramm and Etcher Farms
- E Verde Farm
- EF International League Campus
- El Cajon Police Department
- Everde Farms
- Fallbrook Regional Health District
- Farm Worker CARE Coalition
- Frazier Farms
- Grossmont College
- Grossmont Healthcare District
- Grossmont Health Occupations Center
- Holman Automotive Group
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- Imperial Beach Clinic
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- North County Lifeline
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- Northgate Gonzalez Markets
- Oceanside Chamber of Commerce
- Office of Binational Border Health
- Otay Mesa Planning Group
- Palisades Inn
- Paradise Valley Church
- Phillipine Nurses Association of San Diego
- Point Loma Nazarene School of Nursing
- Premium Care Services
- Rancho Bernardo Inn
- Rancho Mesa Insurance Services
- Reliable Care Medical Group
- Resurrection Church
- Rolando Park Community Council
- Sacred Heart Church of Ocean Beach
- Salk Institute
- San Diego Gulls Hockey Club
- San Diego Housing Federation
- San Diego Immunization Coalition
- San Diego Independent Living Association
- San Diego International Airport
- San Diego Latino Health Coalition
- San Diego LGBTQ Latinx Coalition
- San Diego Mesa College
- San Diego National Association of Nurses
- San Diego Miramar College
- San Diego Office of Migrant Education
- San Diego Pride
- San Diego Unified School District
- SDSU Graduate School of Public Health
- SDSU School of Nursing
- San Ysidro Health
- SIMNSA Health Plan
- Solutions for Change
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- UEI College
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- UCSD MEMO
- USD School of Nursing
- UCSD School of Medicine
- Volunteers in Medicine
- Wakeland Housing Complex
- Wesly Co-Op
- Westlake Village
- Willow Elementary
- Wyndham San Diego Bayside Hotel



Caring for Dementia Means Caring for the Caregiver

BY LISA HEIKOFF, MD

WHEN TREATING INDIVIDUALS WITH dementia, the clinician is really treating both the patient and the family members who are primarily responsible for the individual's care. Therefore, it is important to identify key signals that the caregivers may need more assessment, support, and both medical and psychological treatment. It's good to know who the caregivers are, what are the impacts of caregiving, and what steps can be used to support caregivers.

The best care can be provided by caregivers who are rested, and who take the time for self-care — similar to the analogy that on a plane, you should “put your own oxygen mask on first.” The patient's continued health and wellbeing depends on a family caregiver. That person must be willing and able to handle the patient's complex health, financial, legal, and social needs. With care for an individual with dementia, the job can continue for months, or more commonly years.

Who Are the Caregivers?

According to the 2021 Alzheimer's Disease Facts and Figures report (alz.org/facts), there were more than one million caregivers in California alone in 2020. Unpaid caregivers are providing an increasing proportion of the care needed, increasing by more than 20% since 2009. The report details the national demographics of family caregivers:

67%
women, providing
21 hours or more
per week; 33% are
daughters

30%
age 65 or older

60%
are married or
living with a partner
or in a long-term
relationship


More than
50%
are providing
assistance to a
parent or in-law

66%
White

10%
Black

8%
Hispanic

5%
Asian American



Female caregivers may experience slightly higher levels of burden, impaired mood, depression, and impaired health than caregivers who are men, with evidence suggesting that these differences arise because female caregivers tend to spend more time caregiving, assume more caregiving tasks, and care for someone with more cognitive, functional, and/or behavioral problems.

Racial disparities of Alzheimer's disease and related dementias (ADRD) mirror the disparities of other chronic diseases including hypertension, diabetes, and COPD. Older Black and Hispanic Americans are disproportionately more likely than older White Americans to have Alzheimer's or other dementias, and therefore their caregivers tend also to be individuals of color.

Health and Economic Impacts of Alzheimer's Caregiving

Caring for a person with Alzheimer's or another



dementia poses special challenges. For example, people in the moderate to severe stages of Alzheimer's dementia experience losses in judgment, orientation, and the ability to understand and communicate effectively. Family caregivers must often help people with Alzheimer's manage these issues. The personality and behavior of a person with Alzheimer's are often affected as well, and these changes are among the most challenging for family caregivers. Individuals with ADRD also require increasing levels of supervision and personal care as the disease progresses. As the person with dementia's symptoms worsen, caregivers can experience increased emotional stress and depression; new or exacerbated health problems; and depleted income and finances due in part to disruptions in employment and paying for healthcare or other services for themselves and people living with dementia.

Caregiver Physical, Emotional, and Social Wellbeing

For some caregivers, the demands of caregiving may cause declines in their own health. Evidence suggests that the stress of providing dementia care increases caregivers' susceptibility to disease and health complications. The distress associated with caregiving has been shown to negatively influence the quality of family caregivers' sleep. Many caregivers may contend with health challenges of their own, and caregivers indicate lower health-related quality of life than non-caregivers and are more likely than non-caregivers or other caregivers to report that their health is fair or poor.

Twice as many caregivers of those with dementia indicate substantial emotional, financial and physical difficulties than caregivers of people without dementia; 59% of family caregivers rated the emotional stress of caregiving as high or very high. The intimacy, shared experiences, and memories that are often part of the relationship between a caregiver and person living with dementia may be threatened due to the memory loss, functional impairment, and psychiatric/behavioral disturbances

that can accompany the progression of ADRD. It is important to stress to caregivers the importance of self-care to meet their own emotional and social needs.

Caregivers of people with dementia were significantly (30% to 40%) more likely to experience depression and anxiety than non-caregivers. Caregivers of spouses with dementia had two-and-a-half times higher odds of having depression than caregivers of people with dementia who were not spouses. Increased depressive symptoms among caregivers over time are linked to more frequent doctor visits, increased outpatient tests and procedures, and greater use of over-the-counter and prescription medications. Caregivers often feel they are "on duty" 24 hours a day, and many felt that caregiving during this time was extremely stressful.

Appropriate Interventions Through Stages of the Disease

The goal of interventions is to improve the health and wellbeing of dementia caregivers by relieving the negative aspects of caregiving. Some also aim to delay admission of the person with dementia to long-term care facilities by providing caregivers with skills and resources (emotional, social, psychological, and/or technological) to continue helping their relatives or friends at home. Specific approaches used in various interventions include:

- Psychoeducational approaches: caregivers learning about disease and caregiving,
- Assistance/education on dementia-related symptoms,
- Case management,
- Support groups and other social supports,
- Respite,
- Counseling,
- Self-care: exercise, personal care, nutrition,
- Consideration of medication.

If caregiver needs are unmet, chances are much higher that your patient's needs will be unmet as well. Community resources, as well as resources available through the provider's health system, should be recommended.

Assessing Family Caregivers

As a healthcare professional, you assess patients all the time. But you may not routinely assess a patient's family caregiver, especially if the caregiver is a patient of another clinician. When treating individuals with dementia, the clinician should be treating both the patient and the family members who are primarily responsible for the individual's care.

The primary care physician is encouraged to utilize the clinical team to conduct caregiver assessments. Caregiver assessment is a tool to help identify strengths and limitations and to develop a realistic plan for the next stage of care. The goal is twofold: (1) to ensure that the patient's health and wellbeing are maintained and enhanced; and (2) to ensure that the caregiver's capacities and needs are considered and addressed in a care plan, and that the caregiver's capacities and needs are not exceeded by the patient's condition.

As a first step in caregiver assessment, it is essential to determine who provides and/or manages that care. Even when there

is a designated family member who receives medical updates and communicates to the rest of the family, that person may not provide the hands-on care. One way to identify the main family caregiver is to ask the patient, if he or she can respond, “Who helps you at home?” or “Whom do you rely on most for help at home?” If the patient cannot respond, then ask the family member who seems to be most involved if he or she lives with the patient and provides care at home. Instead of asking, “Are you a caregiver?” it is better to ask, “What do you do at home for your family member? Do you do this all the time? Is there anyone who helps you?”

The assessment process involves gathering information to identify problems, needs, resources, and strengths of the family caregiver aligned with the caregiver’s perspective and culture. The assessment is focused on the caregiver rather than the individual with dementia and seeks to maintain the caregiver’s own health and wellbeing. For family caregivers, an assessment is a chance to talk about their own lives for perhaps the first time in any encounter with the patient’s healthcare team.

They can express concerns about their own abilities to provide certain kinds of care, and the realities of their own situations. In healthcare settings, assessments will necessarily be brief but they can raise questions for further discussion and providers can suggest types of resources that may be available and helpful. Some clinicians may be reluctant to ask questions

about the kinds of help that a caregiver may need, because they cannot fill those gaps, but referral to community resources can be very helpful. Most caregivers are grateful for any suggestions and for the attention being paid to them.

Who Should Do a Caregiver Assessment, When, and How?

The primary care physician is encouraged to utilize the clinical team to conduct caregiver assessments. If a social worker is available to the practice, that person may be best suited. If the patient qualifies for home healthcare services, the home health agency can provide a social work evaluation in the home. A nurse, nurse practitioner, or the rooming staff medical assistant may be able to initiate the assessment. There are a number of self-assessment tools that may be sent to the caregiver to complete prior to the patient’s appointment, and bring to the appointment, similar to the use of the informant survey (AD8) to assess changes in behaviors in the individual with dementia.

Assessments should be introduced as — and should be — a way to acknowledge the family caregiver’s perspective, not as a test and certainly not as a guilt-inducing technique. The assessor should have good communication skills, including the ability to listen attentively, probe for clarifications, and respect diversity in all its many forms. If the caregiver does not speak English, the assessment should be done by a trained interpreter. If possible, the assessment should be completed outside the

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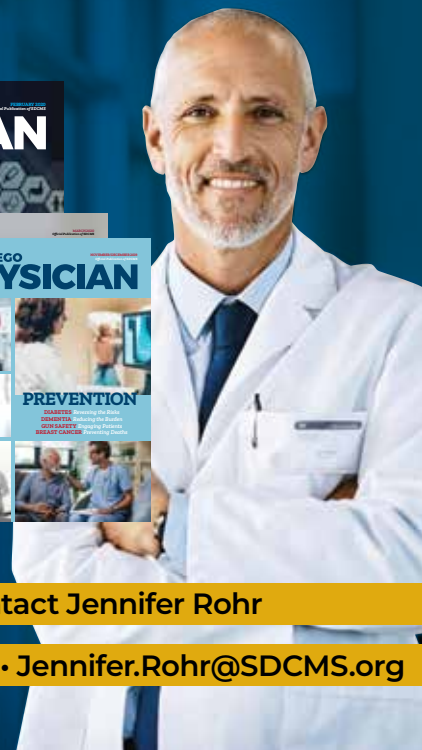
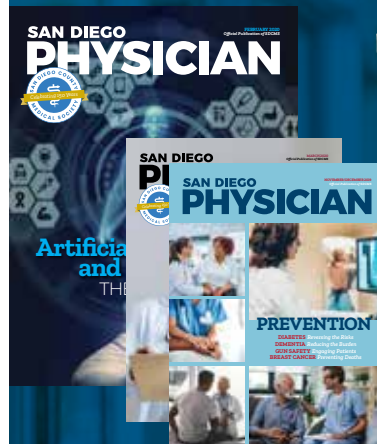
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presence of the individual with dementia, as the caregiver may not feel comfortable talking about their own needs or issues in front of their loved one. Potentially a clinical staff member could perform the assessment while the clinician is examining the patient. If upon a cursory assessment the clinician notes significant signs of stress, anxiety, or depression, it would be helpful to request a separate appointment with the caregiver to provide adequate time for assessment and treatment or make a dedicated referral to the caregiver's primary care physician with direct communication to that practitioner.

How Should the Assessment Be Used?

In introducing the assessment process to the family caregiver, the assessor should clarify the goals of the assessment and make it clear that all information (unless specified by the caregiver) will be shared with the healthcare team in order to develop a care plan. Family caregivers should be assured that the assessment will not be shared with the patient or other family members, unless the caregiver authorizes release of the information. Also, the caregiver should be informed that the assessor is a mandated reporter of suspected elder abuse or neglect, and in the event there is such a suspicion, confidentiality cannot be maintained.

Family caregiver assessments are important tools to help obtain critical information about the person who will be respon-

sible for patient care. Although they are being widely used in community-based social service settings, they are a relatively new tool in healthcare settings. Assessments recognize the importance of family caregivers as direct care providers and managers, and afford them the opportunity to take stock of their strengths, limitations, and needs. To be effective, however, caregiver assessments must be undertaken by professionals with good communication and relationship-building skills.

The Zarit Burden Interview (ZBI-12), recommended by the Alzheimer's Clinical Roundtable, is included in the Clinical Guidelines and may be helpful in assessing caregiver burden and stress. There are also caregiver-information handouts available at <https://ChampionsforHealth.org/alzheimers> you may want to have on hand for family caregivers. Many of the dementia-specific organizations also provide valuable resources to improve the quality of life of caregivers.

For more information, download the Alzheimer's Clinical Guidelines and numerous other tools at <https://championsforhealth.org/alzheimers>. **SDP**

Dr. Heikoff is board certified in internal medicine and palliative and hospice medicine, and is in practice at Kaiser Permanente. She has been a member of the Alzheimer's Clinical Roundtable since its inception in 2014.

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Teaching Patients to Care for Body and Brain

BY BARBARA MANDEL, MBA

JUNE IS NATIONAL ALZHEIMER'S AWARENESS and Brain Health Awareness Month. To assist providers in encouraging their patients improve their overall health, Champions for Health's Alzheimer's Clinical Roundtable has created tools to use year round.

"What's Good for the Body is Good for the Mind" is the theme of the Healthy Brain Initiative, a national campaign to reduce the risks of dementia as well as comorbidities such as high blood pressure, cardiovascular disease, diabetes, and obesity. As one of six counties in California funded by the California Department of Public Health to implement Healthy Brain education, San Diego County HHS Aging and Independence Services has led the way in many aspects of the campaign. Champions for Health, the sister organization of the San Diego County Medical Society, in partnership with the county, created and distributed a Healthy Brain tool in five languages to primary care provider offices last June. Based on focus groups of providers, the intention and preference is to upload these tools to the electronic health record system for their inclusion in post-visit summaries as a "prescription" for better health.

The tools were vetted with individuals of various ethnic groups throughout the community to assure they are culturally appropriate, and effective with their target audiences. They focus on the five keys to improving an individual's health and reducing their risk of developing dementia: healthy diet, physical activity, social interaction, cognitive activities, and keeping your blood pressure and blood sugar levels in check. While many adults understand that a healthier diet and exercise may help them lose or maintain their weight, they may not understand the preventive aspects for long-term brain health. A recent report by the Alzheimer's Association estimates that

HEALTHY BODY, HEALTHY MIND



Maintain Social Interactions



Eat



Expand Your Thinking

**LIVE
BEST
KNOW
HEAL**

For more information, contact your health provider.



This flyer is supported by the California Department of Public Health Alzheimer's Disease Program. Funding is provided by the 2019 California Budget Act one-time General Fund expenditure authority over three State Fiscal Years from 2019 to 2022.

an individual may reduce their risk of developing dementia by up to 40% by following these guidelines, and a targeted systolic rate of 120 rather than 140 is the new benchmark. Of course, age, genetics, and family history are key risk factors that are not modifiable.

Patients report that getting the information from their provider has more impact than reading a magazine or picking up a handout, which is why including the information with the post-visit summary is more effective, and more convenient for office staff. The one-page flyer is colorful, offers patients culturally appropriate suggestions on how to achieve these



Keep Moving



Fruit and Vegetables Daily

YOUR LIFE! W YOUR TH NUMBERS

formation, contact
ider.



Concerned About Your Memory?



Talk with your doctor if you notice repeated problems or changes:

- Confusion with time or location
- Trouble managing finances, medication, plans or appointments
- Difficulty completing familiar tasks/hobbies
- Problems finding the right words

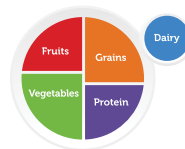
Early Screening & Diagnosis is important as your symptoms may be reversible or treatable.



YOUR HEALTH IS UP TO YOU! MAKE IT FUN!

EATING HEALTHY IS EASY & COLORFUL!

- Try adding a new fruit or vegetable to your meals each month
- Pick foods of all different colors for your plate
- Olive and avocado oils are healthy fats to use instead of animal fats
- Have fresh fruit easily available for your family instead of candy and pastries
- Choose whole wheat and whole grains instead of white flour for breads
- Read package nutrition information and look for products with at least 5 grams of fiber
- Avoid fad diets that are hard to maintain and tend to promote weight gain after their use



HAVE FUN INCREASING YOUR ACTIVITY

- Pick one or two activities you really enjoy, and can do comfortably
- If you are getting started with activity, start slow and build up over a few weeks
- Try to get moderate exercise 30 minutes a day, three or four days a week
- Brisk walking, dancing, hiking can improve the health of your heart, lungs and circulatory system
- Make it a family activity! Get the kids out with you to improve their health as well.
- Gardening is a great strengthening activity for the whole family
- Try a new activity, like cycling, flying a kite with children, or exploring a new area of the community
- Be sure to stretch your muscles when you are done with your activity to keep muscles from aching



SOCIAL CONNECTION KEEPS YOU HAPPY

- Stay in touch with family and friends, even if it is on the telephone
- Plan and enjoy meals with friends and other families
- Your faith community can be an important social connection
- Take a class for social connection and testing your brain
- Find group activities you like, such as singing in a choir, joining a walking group or bowling league



TEST YOUR BRAIN

- Learn a new subject by reading or watching videos
- Sing songs from your childhood as well as new ones
- Try your hand at jigsaw puzzles or word games
- Tell your children and grandchildren stories about your life experiences
- Take a cooking class



KNOW YOUR HEALTH NUMBERS

- 0 smoking, vaping, or chewing tobacco
- 7 - 9 hours sleep nightly
- Know your blood pressure, weight, cholesterol, and blood sugar (A1c) and keep them in check
- 100% - Take all your medications as prescribed



This flyer is supported by the California Department of Public Health Alzheimer's Disease Program. Funding is provided by the 2019 California Budget Act one-time General Fund expenditure authority over three State Fiscal Years from 2019 to 2022.



objectives, and is reader-friendly. Your office can download the electronic versions in English, Spanish, Arabic, Tagalog, and Vietnamese at the bottom of the Alzheimer's Project webpage: <https://championsforhealth.org/programs/alzheimers-and-dementia>.

Also available are electronic versions of the exam room posters, which were also mailed to provider offices last June to encourage patients to ask about their memory issues. They discuss early warning signs to reduce stigma and improve communications about cognitive decline. These posters are available in the same five languages, as well as an English version featuring Black individuals to meet your patient profiles. These posters are available for download at <https://championsforhealth.org/alzheimers>.

For more information on the Alzheimer's Project Clinical Roundtable and Guidelines, visit <https://championsforhealth.org/alzheimers>. **SDP**

Barbara Mandel is the Alzheimer's Project Clinical Roundtable facilitator and the former CEO of Champions for Health.

Large Share of Alzheimer's, Dementia Cases Tied to 8 Modifiable Risk Factors

Midlife, Early-Life Risk Factors Now More Common, Differ by Sex, Race/Ethnicity **BY JUDY GEORGE**

EIGHT MODIFIABLE RISK factors were linked to more than one in three cases of Alzheimer's disease and related dementia in the U.S., a cross-sectional analysis showed.

The eight risk factors — midlife obesity, midlife hypertension, physical inactivity, depression, smoking, low education, diabetes, and hearing loss — were associated with 36.9% (95% CI 36.5–37.3) of Alzheimer's and dementia cases, reported Roch Nianogo, MD, PhD, of the University of California Los Angeles, and Deborah Barnes, PhD, MPH, of the University of California San Francisco, and co-authors.

Of note, risk factors differed based on sex, race, and ethnicity, they wrote in *JAMA Neurology*.

The factors most prominently associated with Alzheimer's and dementia were midlife obesity, at 17.7% (95% CI 17.5–18.0); physical inactivity, at 11.8% (95% CI 11.7–11.9); and low educational attainment, at 11.7% (95% CI 11.5–12.0).

"We published a similar study a little more than 10 years ago, and the most important risk factors then were physical inactivity, depression, and smoking," Barnes told *MedPage Today*.

"Today, the top three risk factors are midlife obesity, physical inactivity, and low education," she observed. "This is important because it suggests that the growing number of people who are obese in the U.S. could have a major long-term impact on dementia rates."

"Our results also highlight the importance of making sure everyone in our country gets adequate education," Barnes added. "COVID-19 had a devastating impact on education and graduation rates and it will be important to help those

students get caught up. This is especially true in Hispanic individuals, where low education is the biggest risk factor."

Because there's no effective cure for Alzheimer's and dementia, prevention is very important, emphasized Dr. Nianogo. Risk reduction strategies may be more effective if they target higher-prevalence risk factors, he suggested.

"Understanding which risk factor plays a role in accelerating cognitive decline can help providers and individuals be proactive in addressing these risk factors early in their lifetime," Dr. Nianogo told *MedPage Today*. "We also wanted to understand what that meant for different subpopulations defined by sex and race and ethnicity, as this can be important for designing tailored and targeted interventions."

Almost two-thirds of people with Alzheimer's and dementia in the U.S. are women. Compared with white older adults, Black older adults are twice as likely to develop Alzheimer's and dementia, and Hispanic older adults are 1.5 times as likely.

Risk reduction could also provide an important public health and prevention opportunity to help address the projected increase in dementia prevalence, Dr. Nianogo and Barnes noted.

For this study, the researchers gathered risk factor prevalence information from 378,615 participants in the 2018 CDC Behavioral Risk Factor Surveillance System and extracted relative risks for each factor from recent meta-analyses.

In the study sample, 171,161 people (weighted 48.7%) were men and 134,693 people (weighted 21.1%) were 65 and older. Self-reported race and ethnicity data showed that 6,671 participants (weighted 0.9%) were American Indian and Alaska Native; 8,043 (weighted 5.1%) were Asian;

29,956 (weighted 11.7%) were Black; 28,042 (weighted 16.0%) were Hispanic; and 294,394 (weighted 64.3%) were white.

For each of the eight modifiable risk factors, the population-attributable risk was:

- Hearing loss: 2.3%
- Current smoking: 6.0%
- Diabetes: 7.3%
- Depression: 8.5%
- Midlife hypertension: 8.8%
- Low education: 11.7%
- Physical inactivity: 11.8%
- Midlife obesity: 17.7%

Midlife hypertension and midlife obesity were the most prevalent risk factors among all participants, but prevalence varied by race and ethnicity. Midlife obesity was more prevalent in American Indian and Alaska Native, Black, and Hispanic populations; low education was more prevalent among Hispanic individuals.

Associations with Alzheimer's and dementia risk also differed by race and ethnicity. Among Black (21.7%), American Indian and Alaska Native (20.3%), and white (17.3%) populations, midlife obesity showed the strongest association with Alzheimer's and dementia. Among Hispanic individuals, low educational attainment had the strongest tie (26.5%), while in Asian participants, physical inactivity topped the list (9.5%).

Combined population-attributable risks were higher in men (35.9%) than in women (30.1%). Risk associated with depression was higher in women (10.5%) than in men (6.4%).

The findings suggest the most prominently modifiable risk factors associated with Alzheimer's and dementia have changed over the past decade and differ based on sex, race, and ethnicity, the researchers said.

"It's important to note that these findings were mostly based on observational studies," Dr. Nianogo pointed out.

"While they could reflect what is really happening, they could also reflect the effect of other factors not accounted for in our study," he acknowledged. "More rigorous study designs are needed to shed more light on this important issue." **SDP**

Judy George covers neurology and neuroscience news for MedPage Today, where this article first appeared.



Do COVID Vaccines Stave Off New Medical Conditions?

Large Study Finds Breakthrough Cases Linked With Lower Risk of Diabetes, Hypertension Diagnoses **BY MOLLY WALKER**

RISKS OF LONG COVID symptoms and the incidence of new onset hypertension, diabetes, and heart disease were lower among vaccinated patients with breakthrough infection versus those with COVID who were unvaccinated, a large analysis of medical records in the U.S. suggested.

Compared to those who were unvaccinated, relative risks were 0.33 for hypertension (95% CI 0.26–0.42), 0.28 for diabetes (95% CI 0.20–0.38), and 0.35 for heart disease (95% CI 0.29–0.44) at 90 days following COVID diagnosis for the vaccinated group, reported Grace McComsey, MD, of Case Western Reserve University in Cleveland, Ohio, and colleagues.

Moreover, risk of death 90 days later was significantly lower as well (RR 0.21, 95% CI 0.16–0.27), the authors wrote in *Open Forum Infectious Diseases*.

“Differences in both 28- and 90-day risk between the vaccine and no-vaccine cohorts were observed for each outcome and there was enough evidence ... to suggest that these differences were attributed to the vaccine,” they wrote.

Dr. McComsey and colleagues examined retrospective data from TriNetX, described as “a large national health research network” from 57 U.S. centers. Participants were adults with SARS-CoV-2, confirmed by PCR testing, who sought care from September 2020 to December 2021. They were stratified into two groups: vaccinated with breakthrough infection and unvaccinated patients. Long COVID, or “post-acute sequelae of COVID” was defined as new, continuing, or recurrent symptoms occurring four or more weeks after initial COVID infection. Patients were also matched by baseline comorbidities.

Overall, 1,578,719 patients with confirmed COVID were identified, with 25,225 of those (1.6%) having documented COVID vaccination. In the vaccine cohort, average age was about 55, about 60% were women, and 68% were white. At baseline, 47% had hypertension, 23% had diabetes, and 13% had chronic kidney disease. In the unvaccinated cohort, average age was 43 years, 56% were women, and 62% were white. A lower proportion also had preexisting conditions (28% with

hypertension, 14% with diabetes, and 6% with chronic kidney disease), but none of these differences were significant after matching.

At 90 days following COVID diagnosis, the authors found risk of new or persistent outcomes was lower in the vaccine cohort versus the unvaccinated cohort. Incidences (per 1,000) in the vaccinated compared to the unvaccinated cohort, respectively, were 7.19 versus 20.26 for heart disease, 6.45 versus 25.53 for mental disorders, 6.42 versus 19.59 for hypertension, and 2.69 versus 9.69 for diabetes.

The vaccinated cohort also saw lower risks of new respiratory symptoms (RR 0.54, 95% CI 0.50–0.57), headache (RR 0.39, 95% CI 0.34–0.45), fatigue (RR 0.48, 95% CI 0.43–0.52), body ache (RR 0.34, 95% CI 0.28–0.42), and diarrhea or constipation (RR 0.44, 95% CI 0.40–0.49) at 90 days.

The authors noted that in addition to the usual post-COVID symptoms, such as headaches, fatigue, body aches, and respiratory and gastrointestinal symptoms, they found that vaccination was associated with a lower risk of new-onset diseases such as hypertension, diabetes, heart disease, and mental disorders. They “very carefully captured new outcomes” occurring after COVID, not merely preexisting medical conditions, the group maintained.

“We hypothesize that [vaccination’s] effect on reducing the inflammatory responses during the acute phase does also explain the lower rates of all [post-acute sequelae of SARS-CoV-2] outcomes observed in our study among the vaccinated group,” wrote Dr. McComsey and coauthors.

Limitations to the data include use of electronic medical records; that true prevalence of these post-COVID symptoms is unknown, as many asymptomatic patients were not tested for the virus; and that immunization status may be a source of bias, as those who were likely to be vaccinated may have been more likely to seek or receive medical attention. **SDP**

Molly Walker is deputy managing editor and covers infectious diseases for MedPage Today, where this article first appeared.

Urologists Are Helping Combat the Opioid Epidemic, Studies Suggest

Three Reports Show Success in Reducing Opioid Prescribing BY MIKE BASSETT

UROLOGISTS ARE DOING their part to try to keep the opioid epidemic under control, according to three studies presented during a press briefing at the American Urological Association (AUA) annual meeting.

Among 6 million kidney stone disease-related emergency department (ED) visits, the proportion of patients receiving opioid prescriptions fell from 33% in 2012 to 16% in 2017, while non-opioid prescriptions increased from 67% to 84%, reported Rajat K. Jain, MD, of the University of Rochester Medical Center in New York.

The odds of receiving an opioid prescription decreased significantly in 2016 and 2017 compared with 2012 (OR 0.27, $P=0.01$ and OR 0.12, $P<0.0001$, respectively), they noted, while the odds of receiving a non-opioid prescription increased (OR 2.02, $P=0.03$ and OR 2.63, $P=0.01$, respectively).

The researchers used data from the U.S. National Hospital Ambulatory Medical Care Survey to identify ED visits for kidney stone disease from 2012 to 2017. These patients “are uniquely vulnerable to the overuse and abuse of opioids,” Dr. Jain explained. “And the reason is kidney stone disease is both an acute problem and a chronic problem.”

In fact, patients with this diagnosis at their ED visit are the most likely to leave with a prescription for opioids in the U.S., he notes, and data show that the prevalence of opioid use goes up with the number of acute episodes a patient experiences.

While opioid prescriptions peaked nationally in 2012, these rates fell 44% by 2020, a reduction coinciding with the 2016 publication of CDC guidelines on prescribing opioids for chronic pain, and the now standard practice of prescription drug monitoring programs in most states, Dr. Jain said.

In a second study, investigators led by Kara Watts, MD, at Montefiore Medical Center in the Bronx, New York, randomized 90 patients undergoing ureteroscopy or percutaneous nephrolithotomy for kidney stones to receive either oxycodone-acetaminophen (Percocet) or the non-opioid ketorolac, and found that the non-opioid strategy was noninferior to opioid pain management, and was associated with improved pain-reported outcomes by some metrics.

Each of the 90 patients was surveyed by telephone one week postoperatively to assess pain outcomes using an 11-point ordinal rating scale questionnaire. Patients in the non-opioid group had significantly lower average scores in several pain-reported outcomes, including:

- Worst pain intensity level: 5.61 with ketorolac vs 7.52 with oxycodone-acetaminophen for a difference of -1.91 (95% CI -3.26 to -0.56, $P=0.006$)
- Average pain intensity level: 3.34 vs 4.50, for a difference of -1.16 (95% CI -2.26 to -0.06, $P=0.040$)
- Average pain score: 3.20 vs 4.17, for a difference of -0.96 (95% CI -1.76 to -0.17, $P=0.018$)

There were also high rates of unused pills after one week for both regimens, pointed out Michal Segall, BS, who pre-

sented the results. “And this really does continue to suggest overprescription of pain medication and further reinforces the need to reevaluate pain management practices,” Segall said.

“Opioids should be avoided after elective kidney stone surgery,” he concluded. “Our study does add to the growing consensus of the urology community that it is critical to find ways to reduce opioid exposure to our patients and larger communities — and this is consistent with the AUA’s most recent guidelines for reducing urologic postoperative opioid prescribing.”

The third study, presented by The-nappan Chandrasekar, MD, of Thomas Jefferson University in Philadelphia, evaluated a collective effort by four institutions — Fox Chase Cancer Center, Penn Medicine, Jefferson Health, and Penn State Health — within the Pennsylvania Urologic Regional Collaborative to reduce opioid prescribing for robot-assisted laparoscopic prostatectomy (RALP).

Overall, 2,061 patients underwent RALP during the course of the study. For the 12 months before protocol implementation, a median of 2.7 oxycodone 5 mg tablets were prescribed to inpatients compared with 2.2 tablets after implementation.

Upon discharge, opioid prescribing was reduced from a median of 20 tablets to a median of 0 tablets, while the percentage of patients who had no opioid use as inpatients but were still given opioids on discharge fell from 98% to 25% ($P<0.001$).

Despite the decrease in opioid prescriptions, there were no significant changes in pain scores, Dr. Chandrasekar reported. On average, 14 fewer opioid tablets were prescribed per RALP, leading to a total of 14,582 fewer opioid tablets in Pennsylvania over a one-year period.

“Urologists, among other surgeons, play an important role in reducing opioid oversupply and can help combat the opioid epidemic while still providing effective pain management,” Dr. Chandrasekar concluded. **SDP**

Mike Bassett is a staff writer focusing on oncology and hematology for MedPage Today, where this article first appeared.

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ASSISTANT, ASSOCIATE OR FULL PROFESSOR (HS CLIN, CLIN X, ADJUNCT, IN RESIDENCE) MED-GASTROENTEROLOGY - Faculty Position in Gastroenterology. The Department of Medicine at University of California, San Diego, Department of Medicine (<http://med.ucsd.edu/>) is committed to academic excellence and diversity within the faculty, staff, and student body and is actively recruiting faculty with an interest in academia in the Division of Gastroenterology. Clinical and teaching responsibilities will include general gastroenterology. The appropriate series and appointment at the Assistant, Associate or Full Professor level will be based on the candidate's qualifications and experience. Salary is commensurate with qualifications and based on the University of California pay scales. In-Residence appointments may require candidates to be self-funded. For more information: <https://apol-recruit.ucsd.edu/JPF03179> For help contact: ksantos@health.ucsd.edu

CARDIOLOGIST POSITION AVAILABLE: Cardiology office in San Marcos seeking part-time cardiologist. Please send resume to albertochaviramd@yahoo.com

DERMATOLOGIST NEEDED: Premier dermatology practice in La Jolla seeking a part-time BC or BE dermatologist to join our team. Busy practice with significant opportunity for a motivated, entrepreneurial physician. Work with three energetic dermatologists and a highly trained staff in a positive work environment. We care about our patients and treat our staff like family. Opportunity to do medical/surgical and cosmetic dermatology in an updated medical office with state-of-the-art tools and instruments. Incentive plan will be a percentage based on production. If you are interested in finding out more information, please forward your C.V. to jmaas12@hotmail.com.

RADY CHILDREN'S HOSPITAL - PEDIATRICIAN POSITIONS: Rady Children's Hospital of San Diego seeking board-certified/eligible pediatricians or family practice physicians to join the Division of Emergency Medicine in the Department of Urgent Care (UC). Candidate will work at any of our six UC sites in San Diego and Riverside Counties. The position can be any amount of FTE (full-time equivalent) equal to or above 0.51 FTE. Must have an MD/DO or equivalent and must be board certified/eligible, have a California medical license or equivalent, PALS certification, and have a current DEA license. Contact Dr. Langley glangley@rchsd.org and Dr. Mishra smishra@rchsd.org.

PER DIEM OBGYN LABORIST POSITION AVAILABLE: IGO Medical Group is seeking a per diem laborist to cover Labor and Delivery and emergency calls at Scripps Memorial Hospital in La Jolla. 70 deliveries/month. 24-hour shifts preferred but negotiable. Please send inquiries by email to IGO@IGOMED.com.

MEDICAL CONSULTANT - SAN DIEGO COUNTY: The County of San Diego, Health and Human Services Agency's Public Health Services is looking for a Board Certified Family Practice or Internal Medicine physician for the Epidemiology and Communicable Disease Division. Under general direction, incumbents perform a variety of duties necessary for the identification, diagnosis, and control of communicable diseases within the population. This position works closely with the medical and laboratory community, institutional settings, or hospital control practitioners. Learn more here: <https://www.governmentjobs.com/careers/sdccounty?keywords=21416207>

KAISER PERMANENTE SAN DIEGO - PER DIEM PHYSIATRIST: Southern California Permanente Medical Group is an organization with strong values, which provides our physicians with the resources and support systems to ensure they can focus on practicing medicine, connecting with one another, and providing the best possible care to their patients. For consideration or to apply, visit <https://scpmgphysician-careers.com/specialty/physical-medicine-rehabilitation>. For questions or additional information, please contact Michelle Johnson at (866) 503-1860 or Michelle.S1.Johnson@kp.org. We are an AAP/EEO employer.

PRIMARY CARE PHYSICIAN POSITION: San Diego Family Care is seeking a Primary Care Physician (MD/DO) at its Linda Vista location to provide direct outpatient care for acute and chronic conditions to a diverse adult population. San Diego Family Care is a federally qualified, culturally competent and affordable health center in San Diego, CA. Job duties include providing complete, high quality primary care, and participation in supporting quality assurance programs. Benefits include flexible schedules, no call requirements, a robust benefits package, and competitive salary. If interested, please email CV to sdfcinfo@sdfamilycare.org or call us at (858) 810- 8700.

FAMILY MEDICINE OR INTERNAL MEDICINE PHYSICIAN: TrueCare is more than just a place to work; it feels like home. Sound like a fit? We'd love to hear from you! Visit our website at www.truecare.org. Under the direction of the Chief Medical Officer and the Lead Physician, ensure the provision of effective quality medical service to the patients of the Health center. The physician is responsible for assuring clinical procedures are continually and systematically followed, patient flow is enhanced, and customer service is extended to all patients at all times.

PUBLIC HEALTH LABORATORY DIRECTOR: The County of San Diego is seeking a dynamic leader with a passion for building healthy communities. This is a unique opportunity for a qualified individual to work for a Level 3 Public Health Laboratory. The Public Health Services department, part of the County's Health and Human Services Agency, is a local health department nationally accredited by the Public Health Accreditation Board and first of the urban health departments to be accredited. Public Health Laboratory Director-21226701UPH

NEIGHBORHOOD HEALTHCARE MD, FAMILY PRACTICE AND INTERNISTS/HOSPITALISTS: Physicians wanted, beautiful Riverside County and San Diego County-High Quality Family Practice for a private-nonprofit outpatient clinic serving the communities of Riverside County and San Diego County. Work Full time schedule and receive paid family medical benefits. Malpractice coverage provided. Be part of a dynamic team voted 'San Diego Top Docs' by their peers. Please click the link to be directed to our website to learn more about our organization and view our careers page at www.Nhcare.org.

PHYSICIAN WANTED: Samahan Health Centers is seeking a physician for their federally qualified community health centers that emerged over forty years ago. The agency serves low-income families and individuals in the County of San Diego in two (2) strategic areas with a high-density population of Filipinos/Asian and other low-income, uninsured individuals - National City (Southern San Diego County) and Mira Mesa (North Central San Diego). The physician will report to the Medical Director and provide the full scope of primary care services, including but not limited to diagnosis, treatment, coordination of care, preventive care and health maintenance to patients. For more information and to apply,

please contact Clara Rubio at (844) 200-2426 EXT 1046 or at crubio@samahanhealth.org.

PRACTICE FOR SALE

OTOLARYNGOLOGY HEAD & NECK SURGERY SOLO PRACTICE FOR SALE: Otolaryngology Head & Neck Surgery solo practice located in the Ximed building on the Scripps Memorial Hospital La Jolla campus is for sale. The office is approximately 3000 SF with 1 or 2 Physician Offices. It has 4 fully equipped exam rooms, an audio room, one procedure room, one conference room, one office manager room as well as in-house billing section, staff room and a bathroom. There is ample parking for staff and patients with close access to radiology and laboratory facilities. For further information please contact Christine Van Such at (85) 354-1895 or email: mahdavam3@gmail.com.

OFFICE SPACE / REAL ESTATE AVAILABLE

CHULA VISTA MEDICAL OFFICE: Ready with 8 patient rooms, 2000sf, excellent parking ratios, Lease \$4,000/ mo. No need to spend a penny. Call Dr. Vin, (619) 405-6307 vsnnk@yahoo.com

OFFICE SPACE AVAILABLE - BANKERS HILL: Approximately 500sf suite available to lease, includes private bathroom. Located at beautiful Bankers Hill. For more details, please call Claudia at (619) 501-4758.

OFFICE AVAILABLE IN MISSION HILLS, UPTOWN SAN DIEGO: Close to Scripps Mercy and UCSD Hillcrest. Comfortable Arts and Crafts style home in upscale Mission Hills neighborhood. Converted and in use as medical/surgical office. Good for 1-2 practitioners with large waiting and reception area. 3 examination rooms, 2 physician offices and a small kitchen area. 1700 sq. ft. Available for full occupancy in March 2022. Contact by Dr. Balourdas at greg@thehanddoctor.com.

OFFICE SPACE IN EL CENTRO, CA TO SHARE: Office in El Centro in excellent location, close to El Centro Regional Medical Centre Hospital is seeking doctors of any specialty to share the office space. The office is fully furnished. It consists of 8 exam rooms, nurse station, Dr. office, conference room, kitchenette and beautiful reception. If you are interested or need more information, please contact Katia at (760) 427-3328 or email at Feminacare@gmail.com.

OFFICE SPACE / REAL ESTATE WANTED

MEDICAL OFFICE SPACE WANTED IN HILLCREST/ BANKERS HILL AREA. Mercy Physicians Medical Group (MPMG) specialist is looking for office space near Scripps Mercy Hospital. Open to lease or share office space, full time needed. Please respond to rjvallonedpm@sbcglobal.net or (858) 945-0903.

MEDICAL OFFICE SUBLET DESIRED: Solo endocrinologist looking for updated bright office space in Encinitas or Carlsbad to share with another solo practitioner. Primary care, ENT, ob-gyn would be compatible fields. I would ideally have one consultation room and one small exam room but I am flexible. If the consultation room was large enough I could have an exam table in the same room and forgo the separate exam room. I have two staff members that will need a small space to answer phones and complete tasks. Please contact (858) 633-6959.

NON-PHYSICIAN POSITIONS AVAILABLE

ASSISTANT PUBLIC HEALTH LAB DIRECTOR: The County of San Diego is currently accepting applications for Assistant Public Health Lab Director. The future incumbent for Assistant Public Health Lab Director will assist in managing public health laboratory personnel who perform laboratory activities for the purpose of identifying, controlling, and preventing disease in the community, as well as assist with the development and implementation of policy and procedures relating to the control and prevention of disease and other health threats. Please visit the County of San Diego website for more information and to apply online. **SDP**

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